

## Designation of Applicant's Agent Resolution and Certification

Be It Resolved By The **Board of Supervisors** of the **County of San Bernardino**  
(Board of Directors or Governing Body) (Name of organization)

that **Peter R. Hills, Fire Chief/Fire Warden**, **Fire Chief/Fire Warden** or  
(name of Designated Agent) (Title)  
**Denise Benson, Division Manager**, **Division Manager** or  
(Name of Designated Agent) (Title)  
\_\_\_\_\_, \_\_\_\_\_ or  
(Name of Designated Agent) (Title)

is hereby authorized to execute for and on behalf of the **County of San Bernardino**,  
(Name of Organization)

a local government entity, state agency, special district or nonprofit organization established under the laws of the State of California, this application and to file it in the Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under the PreDisaster Mitigation Grant Program.

That the **County of San Bernardino** hereby authorizes its agent to provide  
(Name of Organization)

to the Governor's Office of Emergency Services for all matters pertaining to such disaster assistance the assurances and agreements required.

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Date) (Month) (Year)

\_\_\_\_\_  
(Name and Title of Approving Board or Council Member)

\_\_\_\_\_  
(Name and Title of Approving Board or Council Member)

### Certification

I, **Peter R. Hills**, duly appointed **Fire Chief/Fire Warden** of  
(Name) (Title of Clerk or Certifying Official)

the **County of San Bernardino** do hereby certify that the above  
(Governing Body)

is a true and correct copy of a resolution passed and approved by the

**Board of Supervisors** of the **County of San Bernardino**  
(Board of Directors or Governing Board) (Name of Organization)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Clerk or Certifying Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)